

# EXHIBIT A



**NEW JERSEY DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

STATE FILE NUMBER

**20200006486**

1a. Legal Name of Decedent (First, Middle, Last, Suffix) <b>MOHAMED ELALEM</b>				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), if Any (First, Middle, Last, Suffix)				
2. Sex Male	3. Social Security Number [REDACTED] 1985	4a. Age 34 Years	5. Date of Birth (Mo/Day/Yr) [REDACTED] 985	
6. Birthplace (City & State/Foreign Country) Brooklyn, New York				
7a. Residence-State New Jersey		7b. County Middlesex	7c. Municipality/City Carteret Borough	
7d. Street and Number 144 High Street		7e. Apt No.	7f. Zip Code 07008	7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? Yes		8b. If Yes, Name of War:		8c. War Service Dates (From/To):
9. Domestic Status at Time of Death Divorced		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Mamdouh Elalem				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Azza Elalem				
13a. Name of Informant Islam Elalem				13b. Relationship to Decedent Sibling
13c. Mailing Address (Street and Number, City, State, Zip Code) 144 High Street, Carteret, NJ 07008				
14. Method of Disposition Burial		15. Place of Disposition (name of cemetery, crematory, other) Marlboro Muslim Memorial		16. Location- City & State/Foreign Country Marlboro Township, New Jersey
17. Name and Complete Address of Funeral Facility Muslim Funeral Services of NY, 6121 2nd Ave, Brooklyn NY 11232				
18. Electronic Signature of Funeral Director <i>Christine Ann Cuoco</i>				19. NJ License Number 23JP00453800
20. Decedent Education Bachelor's degree (BA, AB, BS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race Other Race: Egyptian
23. Occupation of Decedent (Type of work done most of life, even if retired) Engineer		24. Kind of Business/Industry Engineering		
25. Name and Address of Last Employer Picatinny Arsenal, US Military Dept. of Defense, 213 NJ-15, Wharton, NJ 07885				
26. Date Pronounced Dead (Mo/Day/Yr) 02/02/2020		28. Name of Person Pronouncing Death -		
27. Time Pronounced Dead (24-hr) 1234		29. License Number		30. Date Signed (Mo/Day/Yr)
31. Date of Death (Mo/Day/Yr) 02/02/2020		32. Time of Death (24-hr) Approx-1142		33. Was Medical Examiner Contacted? Yes
				34. Place of Death Decedent's Home
35a. Facility Name (if not institution, give street and number) 144 High Street				
35b. Municipality Carteret Borough		35c. County Middlesex		
<b>CAUSE OF DEATH:</b> 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
Immediate Cause a. Pending				Interval Between Onset and Death unknown
Due to (or as a consequence of): b.				
Due to (or as a consequence of): c.				
Due to (or as a consequence of): d.				
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.				37. Was an Autopsy Performed? Religious Objection
				38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable
39. Date of Injury (Mo/Day/Yr)		40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)	
42. Injury at work?				
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred				45. If Transportation Injury:
46. Manner of Death Pending Investigation		47. Did Decedent Have Diabetes? Unknown	48. Did Tobacco Use Contribute to Death? Unknown	49. If Female, Pregnancy State Not applicable
50. Certifier Type Medical Examiner		51. Name, Address, and Zip Code of Certifier Allison Mautone, M.D. 1490 Livingston Ave., North Brunswick, NJ 08902		
52. Electronic Signature of Certifier <i>Allison Mautone</i>		53. License Number 25MA09888000		54. Date Certified (Mo/Day/Yr) 02/02/2020
55. Electronic Signature of Local Registrar <i>Nellie Sowell</i>		56. District No. V1245	57. Date Received 02/03/2020	Case ID Number 2161170

Record  
Contains  
Amendment



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY



1. Decedent's Name 144 High Street		7. Zip Code 07008		18. Location- City & State/Foreign Country Marlboro Township, New Jersey	
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55. Electronic Signature of Local Registrar Nellie Sowell		56. District No. V1245		57. Date Received 02/03/2020	
				Case ID Number 2151379	

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DATE ISSUED: February 04, 2020

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arrisi  
State Registrar  
Office of Vital Statistics and Registry



REG-428  
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED